

Appendix

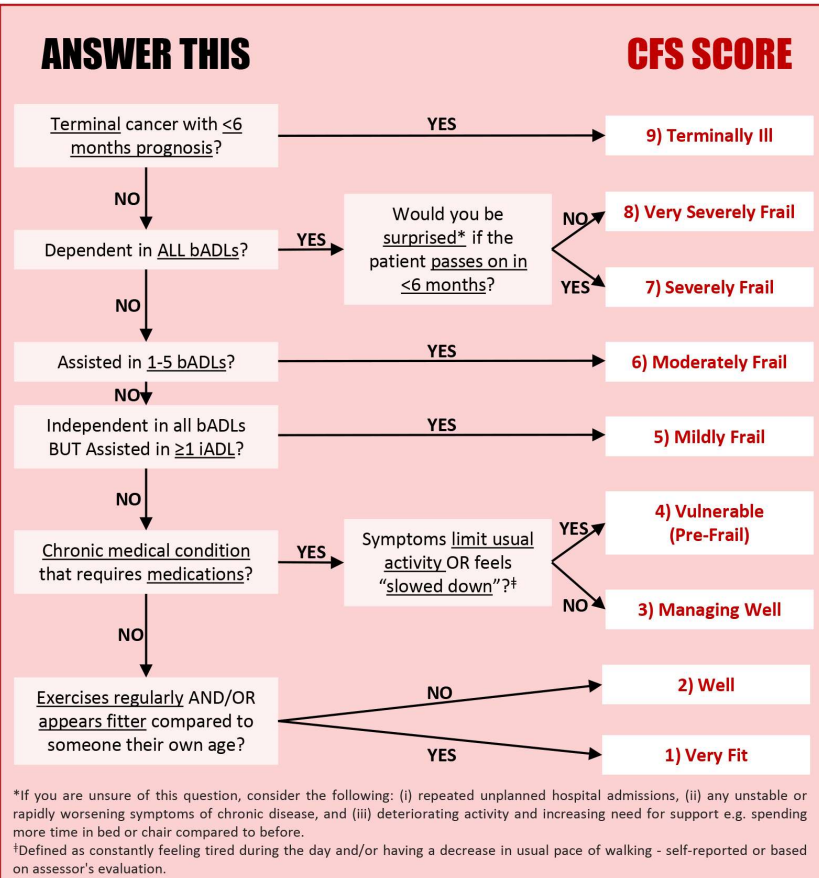
# GUIDE TO SCORING CLINICAL FRAILTY SCALE

The Clinical Frailty Scale (CFS) is a 9-point clinical assessment tool designed to assist healthcare professionals in evaluating a person's frailty status across various clinical settings.

It serves to assist clinicians in identifying frailty, risk stratification, and guide clinical management.

## IDENTIFYING PREMORBID FRAILTY STATUS

1. When hospitalized, it is important to identify a patient's **premorbid frailty status**.
2. Premorbid frailty status should be a reflection of the patient's overall health at **least 2 weeks prior** to their acute illness and/or functional decline.



\*If you are unsure of this question, consider the following: (i) repeated unplanned hospital admissions, (ii) any unstable or rapidly worsening symptoms of chronic disease, and (iii) deteriorating activity and increasing need for support e.g. spending more time in bed or chair compared to before.  
 †Defined as constantly feeling tired during the day and/or having a decrease in usual pace of walking - self-reported or based on assessor's evaluation.

**REFERENCES:**

1. Canadian Study on Health & Aging, Revised 2008.
2. Rockwood K, et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005; 173:489-495.

## CFS CATEGORIES

-  **1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.
-  **2 Well** – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.
-  **3 Managing Well** – People whose medical problems are well controlled, but are not regularly active beyond routine walking.
-  **4 Vulnerable** – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.
-  **5 Mildly Frail** – These people often have more evident slowing, and need help in high order iADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.
-  **6 Moderately Frail** – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.
-  **7 Severely Frail** – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).
-  **8 Very Severely Frail** – Completely dependent, approaching end of life. Typically, they could not recover even from a minor illness.
-  **9 Terminally Ill** – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

### Basic ADL (DE<sup>2</sup>ATH)

- Dressing
- Eating (feeding self)
- Evacuation (bladder/bowel)
- Ambulation (walking/transfer)
- Toileting
- Hygiene (bathing)

### Instrumental ADL (SHAFT<sup>2</sup>)

- Shopping
- Housekeeping
- Accounting
- Food preparation
- Transportation
- Takes own medications